

(PRE-JOB) HAZARD ASSESSMENT FORM

JOB LOCATION:

INTERNAL JOB REFERENCE NUMBER:

SCOPE OF WORK (PLEASE BE DETAILED)

✓ IDENTIFY HAZARDS FOR THE PROJECT (select as many items as applies to the work)

<input type="checkbox"/> Power tools and equipment. <input type="checkbox"/> Traffic Control procedures. <input type="checkbox"/> Flagging. <input type="checkbox"/> Backing vehicles safety. ✓ PPE <input type="checkbox"/> CSA Footwear. <input type="checkbox"/> CSA Head Protection. <input type="checkbox"/> Gloves. <input type="checkbox"/> Hearing protection. <input type="checkbox"/> Powder-actuated fasteners (e.g. Hilti)	<input type="checkbox"/> Warning barriers and bump lines. <input type="checkbox"/> Weather conditions. <input type="checkbox"/> Tagging and locking repair for machinery. <input type="checkbox"/> Ladders (grade 1) <input type="checkbox"/> Baker Scaffold <input type="checkbox"/> Frame Scaffold <input type="checkbox"/> Chop Saw <input type="checkbox"/> Electrical LOTO <input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Extension cords. <input type="checkbox"/> Other electrical hazards. <input type="checkbox"/> Lighting. <input type="checkbox"/> Housekeeping. <input type="checkbox"/> Material Storage <input type="checkbox"/> Powered Elevated Platforms (e.g. scissor lift) <input type="checkbox"/> Material handling hazards. <input type="checkbox"/> Concrete chop saw hazards. <input type="checkbox"/> Hot Work. <input type="checkbox"/> Hand/electric tools.	<input type="checkbox"/> Utility locates as required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other specific items unique to your work _____ _____ _____ _____
---	--	--	---

IDENTIFICATION OF HAZARDS

Describe specific safety hazards associated to this job

(What are the safety hazards associated to the job) _____

HAZARD CONTROLS

Describe how you are going to control these safety hazards

OTHER COMENTS

Name of person completing this report: _____ Date: _____